

STATE OF MARYLAND—CERTIFICATE OF DEATH

05843

1. PLACE OF DEATH

County Cecilie
Village or City Dear Denton

93-C

Registration Dist. No.

62

St., Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William Tilghman Chance(a) Residence: No. Dear Denton St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>
-----------------	---------------------------	---

5a. If married, widowed, or divorced
HUSBAND of
Elizabth Andrew Chance
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)	<u>Feb. 1 1863</u>
7. AGE Years	71
Months	5
Days	9
If LESS than 1 day, _____ hrs. or _____ min.	

OCCUPATION <u>V V V</u>	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKEEPER, etc. <u>Bent Farmer</u>
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Chronic myocarditis</u>	
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Allensburg Pa.
Maryland.

13. NAME Nathaniel Chance
14. BIRTHPLACE (city or town)
(State or country) Maryland.

15. MAIDEN NAME Andrews
16. BIRTHPLACE (city or town)
(State or country) Maryland.

17. INFORMANT
(Address) Geo Franklin De Ford

18. BURIAL, CREMATION, OR REMOVAL
Place Hillaborp Date June 13, 1934

19. UNDERTAKER
(Address) J. Virgil Brown

20. FILED 6-12 1934 On 110 George
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June 10th, 193422. I HEREBY CERTIFY. That I attended deceased from April 27, 1934 to June 10, 1934I last saw him alive on June 9, 1934; death is said to have occurred on the date stated above, at 2 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

1930⁷

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19_____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) E. Paul Knott M. D.(Address) Denton Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

BUREAU U. S.

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05844

1. PLACE OF DEATH

County TowsonVillage or City Denton

95-6

Registration Dist. No. 62

62

Length of residence in city or town where death occurred

No. (If death occurred in a hospital or institution, give its NAME instead of street and number) St., Ward

mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

Residence St. Ward

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m4. COLOR OR RACE w.5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)unmarried

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofElla Callison

6. DATE OF BIRTH (month, day, and year)

Aug. 8th, 1878

7. AGE

Years 55Months 10Days 1If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)Wilmington Del

MOTHER FATHER

13. NAME William Callison14. BIRTHPLACE (city or town)
(State or country)Dalbot Tex15. MAIDEN NAME Bachell Estelle16. BIRTHPLACE (city or town)
(State or country)Salisbury Maryland17. INFORMANT Tess Louis (Mother)(Address) Denton

18. BURIAL, CREMATION, OR REMOVAL

Place BurialRef. SelfDate June 11, 193419. UNDERTAKER J. J. Edwards(Address) Denton20. FILED 6-15 1934On DD George

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June
(Month)9th
(Day)1934
(Year)

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on June 9th, 1934, to June 9th, 1934; death is saidto have occurred on the date stated above, at 1 A.M.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:chronic myocarditischronic alcoholism

Data of onset

1930th1927th

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) S. Paul Knott

M. D.

(Address) Denton Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1928

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

N.B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1 PLACE OF DEATH

Caroline

County

Goldsboro.

Village or City

(No.)

2 FULL NAME

J. Paul Dyer.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White

5 SINGLE, MARRIED, WIDOWER, OR DIVORCED
(Write the word)

Divorced

6 DATE OF BIRTH

6 15 1934

(Month) (Day) (Year)

7 AGE

..... yrs. mos. / ds. or min. ?

If LESS than
1 day.... hrs.

8 OCCUPATION

- (a) Trade, profession or particular kind of work.....
- (b) General nature of industry business, or establishment in which employed or (employer).....

9 BIRTHPLACE

(State or country) Goldsboro, N.C.

10 NAME OF FATHER

William C. Dyer

M.D.

11 BIRTHPLACE OF FATHER

(State or country) N.C.

M.D.

12 MAIDEN NAME OF MOTHER

Dorothy Walls

Md.

13 BIRTHPLACE OF MOTHER

(State or country) N.C.

Md.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. Paul Dyer

(Address) Goldsboro

(Address) Goldsboro

Filed 6/17 1934 A.C. Smith Registrar

STATE OF MARYLAND
CERTIFICATE OF DEATH

Registration Dist. No. 60

St: _____ Ward: _____ If death occurred in a hospital or institution, give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

6 - 16, 1934

(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended the deceased from

192... to 192... that I last saw h alive on 192...

and that death occurred on the date stated above, at 3 P.M.

The CAUSE OF DEATH was as follows:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

REVISED UNITED STATES STANDARD

CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer* or *Planter*; *Physician*, *Compositor*, *Architect*, *Locomotive engineer*, *Civil engineer*, *Stationary firemen*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as *Day laborer*, *Farm laborer*, *Laborer—Coal mine*, etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House-work*, or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant*, *Cook*, *Housmaid*, etc. If the occupation has been changed or given up on account of the disease causing death, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer* (*retired 6 yrs.*). For persons who have no occupation whatever, write *None*.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebro-spinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report: "Typhoid pneumonia"); *Lobar pneumonia*, *Bronchopneumonia* ("Pneumonia,"

"inqualified, is indefinite); *Tuberculosis of lungs, meningitis, peritonaeum*, etc., *Carcinoma*, *Sarcoma*, etc., of (name origin); "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles*; *Whooping cough*; *Chronic valvular heart disease*; *Chronic interstitial nephritis*, etc. The contributory (secondary or infrequent) affection need not be stated unless important. Example: *Mumps* (disease causing death), 29 d.; *Bronchopneumonia* (secondarily), 10 d. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Dehility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "Puerperal septicemia," "Puerperal peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state means of INJURY and quality as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning*; *Struck by railway train—accident*; *Revolver wound of head—homicide*; *Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis*, *tetanus*) may be stated under the head of "contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05846

1. PLACE OF DEATH

County Baltimore 191
 Village or City Baltimore

Registration Dist. No. 62

Length of residence in city or town where death occurred

No. _____ St., _____ Ward
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

mos. _____ ds. How long in U. S. If of foreign birth? yrs. _____ mos. _____ ds.

2. FULL NAME William Holmes(a) Residence: No. Residence St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>Blk</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<i>write the word</i>) <u>Single</u>
--------------------	-----------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) 1884

7. AGE Years <u>50</u>	Months <u>unknown</u>	Days <u>0</u>	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	-----------------------	---------------	---

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Labour

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. not

10. Date deceased last worked at this occupation (month and year) 1899

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Greensboro
(State or country) Maryland

13. NAME William Holmes

14. BIRTHPLACE (city or town) Greensboro
(State or country) not

15. MAIDEN NAME Katherine Henry

16. BIRTHPLACE (city or town) Greensboro
(State or country) Maryland

17. INFORMANT Alex Holmes
(Address) Baltimore Md

18. BURIAL, CREMATION, OR REMOVAL
Place Buried Date June 26, 1934

19. UNDERTAKER J. V. Elmore
(Address) Baltimore

20. FILED 6-26-1934 On 40 Gauge
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 23

(Month) June (Day) 23, (Year) 1934

22. I HEREBY CERTIFY. That I attended deceased from

19_____, to _____, 19_____; death is said

I last saw him alive on _____, 19_____; death is said to have occurred on the date stated above, at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

had high blood pressure -
that stroke Date of onset
6/23/34

Other Contributory Causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____.
Where did injury occur? _____(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of Injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Elmer J. George M. D.

(Address)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923
Gastroenteritis	1 year

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05847

1. PLACE OF DEATH

County *Caroline*
Village or City *Hillsboro*

107

Registration Dist. No. **66**

St.

Ward

Length of residence in city or town where death occurred *40 yrs.*(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. *0* ds. How long in U. S. if of foreign birth? *0 yrs.* mos. ds.

2. FULL NAME

(a) Residence: No.

Hillsboro

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)*Female* *White* *Widowed*6c. If married, widowed, or divorced
HUSBAND of
(or) WIFE of*George A. French*

6. DATE OF BIRTH (month, day, and year)

7. AGE

Years Months Days If LESS than
1 day, hrs.
or min.*87*8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

13. NAME

14. BIRTHPLACE (city or town)
(State or country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or country)

17. INFORMANT

18. BURIAL, CREMATION, OR REMOVAL

Place *Hillsboro* Date *June 15, 1934*

19. UNDERTAKER

(Address) *Bartow Bros.*20. FILED *June 13, 1934*(Address) *Centro-Boise, Md.*Registrar *J. H. Davis*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June

(Month)

12th

(Day)

1934

(Year)

22. I HEREBY CERTIFY. That I attended deceased from
March 11th, 1934, to *June 12th, 1934*.
I last saw her alive on *June 12th, 1934*; death is said
to have occurred on the date stated above, at *10 A.M.*

The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Procho Pneumonia Date of onset *3.11.34*

Other Contributory Causes of importance

Chronic Bronchitis 40 yrs

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury *19*

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *R. H. Hackathorn*

M. D.

(Address) *Zeller Oneida, Ind.*

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

05848

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County

Caroline

8

Registration Dist. No.

64

Village or City

Seaford Reliance

St., Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)

Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year)

6/16/34

7. AGE

Years

Months

Days

If LESS than
1 day, _____ hrs.
or _____ min.

Will Bons

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE (city or town)
(State or country)

Reliance

Md

FATHER

13. NAME

William E. Kenney

MOTHER

14. BIRTHPLACE (city or town)
(State or country)

Secretary

Md

Madeline Baker

15. MAIDEN NAME

Laurel

Md

16. BIRTHPLACE (city or town)
(State or country)

William E. Kenney

Seaford P. O. Md

17. INFORMANT
(Address)

Place

Federal

alsburg

Md

Date

June 17, 1934

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

(Address)

J. T. Frant

tontown

& Son

Federal

alsburg

Md

20. FILED

Name

16

, 1934

T. D. T. Frant

tontant

Registrat.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

6

16

, 193

34

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY, That I attended deceased from

19

to

19

I last saw h. alive on , 19 ; death is said
to have occurred on the date stated above, at . m.The PRINCIPAL CAUSE OF DEATH and related causes of importance
were as follows:

Date of onset

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

W. H. Knott

(Address) Federal

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05849

1. PLACE OF DEATH

County Carynne
Village or City Queensboro

50

Registration Dist. No. 60

60

St.,

Ward

Length of residence in city or town where death occurred

yrs.

mos.

ds.

(If death occurred in a hospital or institution, give its NAME instead of street and number)

How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Della Edge Meredith

(a) Residence: No.

(Usual place of abode)

St. Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)Female White widowed5a. If married, widowed, or divorced
HUSBAND OF
(or) WIFE ofAlexander Meredith

6. DATE OF BIRTH (month, day, and year)

Sep 16 1877

7. AGE

Years 57Months 8Days 19If LESS than
1 day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as SPINNER,
SAWYER, BOOKKEEPER, etc.9. Industry or business in which
work was done, as SILK MILL,
SAW MILL, BANK, etc.10. Date deceased last worked at
this occupation (month and
year)Jan 5 1934 11. Total time (years)
spent in this
occupation Life

12. BIRTHPLACE (city or town)

(State or country)

Md.

MOTHER

FATHER

13. NAME

John Pittman

14. BIRTHPLACE (city or town)

(State or country)

Md.

15. MAIDEN NAME

Mary Swaine

16. BIRTHPLACE (city or town)

(State or country)

Md.

17. INFORMANT

(Address)

Mrs. M. Henderly

18. BURIAL, CREMATION, OR REMOVAL

Place

Queensboro Md.Date June 9 1934

19. UNDERTAKER

(Address)

R. B. Rawlings Co.

20. FILED

(Address)

6-9-34 acsmmt

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June
(Month)5
(Day)1934
(Year)22. I HEREBY CERTIFY. That I attended deceased from Jan 5 1934 to —, 19 —; death is saidto have occurred on the date stated above, at 11 A.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Date of onset

Acute Indigestion

6/5/34

Other Contributory Causes of importance:

Debilis condition

Name of operation

Data of

What test confirmed diagnosis?

Glucose

Was there an autopsy?

No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury —, 19 —

Where did injury occur?

(Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

(Address)

M. D.

Charles H. SpanglerQueensboro Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05850

1. PLACE OF DEATH

County TowsonVillage or City Near DundalkRegistration Dist. No. 62Length of residence in city or town where death occurred years

No.

(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. If of foreign birth? years mos. days2. FULL NAME Douglas Biehl

(a) Residence: No. _____

(Usual place of abode)

St. _____ Ward. _____

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>Blk</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>S</u>
-----------------	-----------------------------	--

5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) June 16th 347. AGE Years Month Days If LESS than
1 day, _____ hrs.
or _____ min.

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
 10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Near Dundalk
(State or country) Maryland13. NAME Douglas Biehl
14. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland15. MAIDEN NAME Kayla Morris
16. BIRTHPLACE (city or town) Baltimore
(State or country) Maryland17. INFORMANT Douglas Biehl (Father)
(Address) Towson18. BURIAL, CREMATION, OR REMOVAL
Place Spring Grove Cemetery Date June 17th 3419. UNDERTAKER J. T. Evans
(Address) Towson20. FILED 6-16 1934 DA 96 George Regis

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from

I last saw him alive on _____, 19_____, to _____, 19_____, death is said

to have occurred on the date stated above, at _____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Pneumonia

Other Contributory Causes of Importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19_____. _____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Lawson George M. D.
(Address) Dundalk

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	Date of onset 1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1923
------------	-------------

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset 1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year
-----------------	--------

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05851

1. PLACE OF DEATH

County CarolineVillage or City Federalsburg, Md. R.F.D.

(181)

Registration Dist. No. 64

St. _____ Ward _____

Length of residence in city or town where death occurred 5 yrs. 5 mos. 5 ds. How long in U.S. if of foreign birth? 5 yrs. 5 mos. 5 ds.2. FULL NAME Annie Rosser(a) Residence: Nd. Federalsburg, Md. R.F.D. Ward.
(Usual place of abode)

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
----------------------	-------------------------------	--

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE ofBenjamin Rosser, died

6. DATE OF BIRTH (month, day, and year)

7. AGE <u>About 86</u>	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.
------------------------	-------	--------	------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>House-work</u>

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) May 15, 193411. Total time (years) spent in this occupation life12. BIRTHPLACE (city or town)
(State or country)New York
No data (unknown)13. NAME No data (unknown)14. BIRTHPLACE (city or town)
(State or country) " " "15. MAIDEN NAME No data " "16. BIRTHPLACE (city or town)
(State or country) " " "17. INFORMANT John Rosser
(Address) Federalsburg, Md. R.F.D.18. BURIAL, CREMATION, OR REMOVAL
Place Philadelphia, Pa. Date June 19, 1934
Most Holy Redeemer Cemetery19. UNDERTAKER John Townsend & Son
(Address) Federalsburg, Md.20. FILED June 18, 1934 J. S. Frampton
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June 16th, 1934
(Month) (Day) (Year)22. I HEREBY CERTIFY. That I attended deceased from May 16, 1934 to June 16, 1934. I last saw her alive on June 16, 1934; death is said to have occurred on the date stated above, at 8:45 P.M. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:Cardiac, Vascular
Renal DiseaseData of onset
Aug 1934

Other Contributory Causes of importance:

General AnasarcaName of operation None Date of July 1934What test confirmed diagnosis None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide _____ Date of injury _____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) W. C. Hammont M. D.
(Address) Federalsburg, Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

RECEIVED		Date of onset
Arteriosclerosis		1915
Chronic interstitial nephritis		1921
Cerebral hemorrhage	JULY 1923	July 5, 1927

BUREAU U. S.

Other contributory causes of importance:

Gallstones	May 1, 1923

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH

County

Caroline

13

Registration Dist. No.

62

St.

Ward

Village or City

Burkeville

Length of residence in city or town where death occurred

yrs.

mos.

2

ds.

How long in U. S. if of foreign birth?

yrs.

mos.

2. FULL NAME

(a) Residence: No.

Maggie L. Smith

St.,

Ward.

(b) Usual place of abode

Harrington, D. C.

P. O.

(c) Residence: No.

(d) Usual place of abode

(e) Residence: No.

(f) Usual place of abode

(g) Residence: No.

(h) Usual place of abode

(i) Residence: No.

(j) Usual place of abode

(k) Residence: No.

(l) Usual place of abode

(m) Residence: No.

(n) Usual place of abode

(o) Residence: No.

(p) Usual place of abode

(q) Residence: No.

(r) Usual place of abode

(s) Residence: No.

(t) Usual place of abode

(u) Residence: No.

(v) Usual place of abode

(w) Residence: No.

(x) Usual place of abode

(y) Residence: No.

(z) Usual place of abode

(aa) Residence: No.

(bb) Usual place of abode

(cc) Residence: No.

(dd) Usual place of abode

(ee) Residence: No.

(ff) Usual place of abode

(gg) Residence: No.

(hh) Usual place of abode

(ii) Residence: No.

(jj) Usual place of abode

(kk) Residence: No.

(ll) Usual place of abode

(mm) Residence: No.

(nn) Usual place of abode

(oo) Residence: No.

(pp) Usual place of abode

(qq) Residence: No.

(rr) Usual place of abode

(ss) Residence: No.

(tt) Usual place of abode

(uu) Residence: No.

(vv) Usual place of abode

(ww) Residence: No.

(xx) Usual place of abode

(yy) Residence: No.

(zz) Usual place of abode

(aa) Residence: No.

(bb) Usual place of abode

(cc) Residence: No.

(dd) Usual place of abode

(ee) Residence: No.

(ff) Usual place of abode

(gg) Residence: No.

(hh) Usual place of abode

(ii) Residence: No.

(jj) Usual place of abode

(kk) Residence: No.

(ll) Usual place of abode

(mm) Residence: No.

(nn) Usual place of abode

(oo) Residence: No.

(pp) Usual place of abode

(qq) Residence: No.

(rr) Usual place of abode

(ss) Residence: No.

(tt) Usual place of abode

(uu) Residence: No.

(vv) Usual place of abode

(ww) Residence: No.

(xx) Usual place of abode

(yy) Residence: No.

(zz) Usual place of abode

(aa) Residence: No.

(bb) Usual place of abode

(cc) Residence: No.

(dd) Usual place of abode

(ee) Residence: No.

(ff) Usual place of abode

(gg) Residence: No.

(hh) Usual place of abode

(ii) Residence: No.

(jj) Usual place of abode

(kk) Residence: No.

(ll) Usual place of abode

(mm) Residence: No.

(nn) Usual place of abode

(oo) Residence: No.

(pp) Usual place of abode

(qq) Residence: No.

(rr) Usual place of abode

(ss) Residence: No.

(tt) Usual place of abode

(uu) Residence: No.

(vv) Usual place of abode

(ww) Residence: No.

(xx) Usual place of abode

(yy) Residence: No.

(zz) Usual place of abode

(aa) Residence: No.

(bb) Usual place of abode

(cc) Residence: No.

(dd) Usual place of abode

(ee) Residence: No.

(ff) Usual place of abode

(gg) Residence: No.

(hh) Usual place of abode

(ii) Residence: No.

(jj) Usual place of abode

(kk) Residence: No.

(ll) Usual place of abode

(mm) Residence: No.

(nn) Usual place of abode

(oo) Residence: No.

(pp) Usual place of abode

(qq) Residence: No.

(rr) Usual place of abode

(ss) Residence: No.

(tt) Usual place of abode

(uu) Residence: No.

(vv) Usual place of abode

(ww) Residence: No.

(xx) Usual place of abode

(yy) Residence: No.

(zz) Usual place of abode

(aa) Residence: No.

(bb) Usual place of abode

(cc) Residence: No.

(dd) Usual place of abode

(ee) Residence: No.

(ff) Usual place of abode

(gg) Residence: No.

(hh) Usual place of abode

(ii) Residence: No.

(jj) Usual place of abode

(kk) Residence: No.

(ll) Usual place of abode

(mm) Residence: No.

(nn) Usual place of abode

(oo)Residence: No.

(pp) Usual place of abode

(qq)Residence: No.

(rr) Usual place of abode

(ss)Residence: No.

(tt) Usual place of abode

(uu)Residence: No.

(vv) Usual place of abode

(ww)Residence: No.

(xx) Usual place of abode

(yy)Residence: No.

(zz) Usual place of abode

(aa)Residence: No.

(bb) Usual place of abode

(cc)Residence: No.

(dd) Usual place of abode

(ee)Residence: No.

(ff) Usual place of abode

(gg)Residence: No.

(hh) Usual place of abode

(ii)Residence: No.

(jj) Usual place of abode

(kk)Residence: No.

(ll) Usual place of abode

(mm)Residence: No.

(nn) Usual place of abode

(oo)Residence: No.

(pp) Usual place of abode

(qq)Residence: No.

(rr) Usual place of abode

(ss)Residence: No.

(tt) Usual place of abode

(uu)Residence: No.

(vv) Usual place of abode

(ww)Residence: No.

(xx) Usual place of abode

(yy)Residence: No.

(zz) Usual place of abode

(aa)Residence: No.

(bb) Usual place of abode

(cc)Residence: No.

(dd) Usual place of abode

(ee)Residence: No.

(ff) Usual place of abode

(gg)Residence: No.

(hh) Usual place of abode

(ii)Residence: No.

(jj) Usual place of abode

(kk)Residence: No.

(ll) Usual place of abode

(mm)Residence: No.

(nn) Usual place of abode

(oo)Residence: No.

(pp) Usual place of abode

(qq)Residence: No.

(rr) Usual place of abode

(ss)Residence: No.

(tt) Usual place of abode

(uu)Residence: No.

(vv) Usual place of abode

(ww)Residence: No.

(xx) Usual place of abode

(yy)Residence: No.

(zz) Usual place of abode

(aa)Residence: No.

(bb) Usual place of abode

(cc)Residence: No.

(dd) Usual place of abode

(ee)Residence: No.

(ff) Usual place of abode

(gg)Residence: No.

(hh) Usual place of abode

(ii)Residence: No.

(jj) Usual place of abode

(kk)Residence: No.

(ll) Usual place of abode

(mm)Residence: No.

(nn) Usual place of abode

(oo)Residence: No.

(pp) Usual place of abode

(qq)Residence: No.

(rr) Usual place of abode

(ss)Residence: No.

(tt) Usual place of abode

(uu)Residence: No.

(vv) Usual place of abode

(ww)Residence: No.

(xx) Usual place of abode

(yy)Residence: No.

(zz) Usual place of abode

(aa)Residence: No.

(bb) Usual place of abode

(cc)Residence: No.

(dd) Usual place of abode

(ee)Residence: No.

(ff) Usual place of abode

(gg)Residence: No.

(hh) Usual place of abode

(ii)Residence: No.

(jj) Usual place of abode

(kk)Residence: No.

(ll) Usual place of abode

(mm)Residence: No.

(nn) Usual place of abode

(oo)Residence: No.

(pp) Usual place of abode

(qq)Residence: No.

(rr) Usual place of abode

(ss)Residence: No.

(tt) Usual place of abode

(uu)Residence: No.

(vv) Usual place of abode

(ww)Residence: No.

(xx) Usual place of abode

(yy)Residence: No.

(zz) Usual place of abode

(aa)Residence: No.

(bb) Usual place of abode

(cc)Residence: No.

(dd) Usual place of abode

(ee)Residence: No.

(ff) Usual place of abode

(gg)Residence: No.

(hh) Usual place of abode

(ii)Residence: No.

(jj) Usual place of abode

(kk)Residence: No.

(ll) Usual place of abode

(mm)Residence: No.

(nn) Usual place of abode

(oo)Residence: No.

(pp) Usual place of abode

(qq)Residence: No.

(rr) Usual place of abode

(ss)Residence: No.

(tt) Usual place of abode

(uu)Residence: No.

(vv) Usual place of abode

(ww)Residence: No.

(xx) Usual place of abode

(yy)Residence: No.

(zz) Usual place of abode

(aa)Residence: No.

(bb) Usual place of abode

(cc)Residence: No.

(dd) Usual place of abode

(ee)Residence: No.

(ff) Usual place of abode

(gg)Residence: No.

(hh) Usual place of abode

(ii)Residence: No.

(jj) Usual place of abode

(kk)Residence: No.

(ll) Usual place of abode

(mm)Residence: No.

(nn) Usual place of abode

(oo)Residence: No.

(pp) Usual place of abode

(qq)Residence: No.

(rr) Usual place of abode

(ss)Residence: No.

(tt) Usual place of abode

(uu)Residence: No.

(vv) Usual place of abode

(ww)Residence: No.

(xx) Usual place of abode

(yy)Residence: No.

(zz) Usual place of abode

(aa)Residence: No.

(bb) Usual place of abode

(cc)Residence: No.

(dd) Usual place of abode

(ee)Residence: No.

(ff) Usual place of abode

(gg)Residence: No.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis	RECEIVED	Date of onset
Chronic interstitial nephritis		1915
Cerebral hemorrhage	JUL 8 1921	1921

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	Date of onset
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	RECEIVED	Date of onset
		May 1, 1923

Other contributory causes of importance:

Gastroenteritis	Date of onset
	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05853

1. PLACE OF DEATH

County Caroline

Village or City Preston

95-C

Registration Dist. No. 63

St.,

Ward

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Cora Abbie Wood

(a) Residence: No.

(Usual place of abode)

St., Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE of

Albert T. Wood

6. DATE OF BIRTH (month, day, end year) Aug. 22-1881

7. AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or. _____ min.
52	9		18	

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country) Sherley
Mass.,

13. NAME Moses Fuller

14. BIRTHPLACE (city or town)
(State or country) Sherley
Mass.,

15. MAIDEN NAME Abbie Stiles

16. BIRTHPLACE (city or town)
(State or country) Lunenburg,
Mass.,17. INFORMANT A. T. Wood
(Address) Preston, Md.,18. BURIAL, CREMATION, OR REMOVAL
Place: Winchester Date: 6/11/3419. UNDERTAKER W. H. Hollis & Son
(Address) Preston, Md.,20. FILED 6/12/34 by G. B. Harmon
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH

June
(Month)7
(Day)9
(Year)

22. I HEREBY CERTIFY, That I attended deceased from ~~Aug. 22, 1881~~ and ~~she~~ ~~he~~ ~~was~~ ~~called~~ ~~on~~ to see deceased ~~and she~~ ~~he~~ ~~was~~ ~~dead~~ ~~when~~ ~~arrived~~ ~~and did not see her alive~~.
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Heart disease

Date of onset

Other Contributory Causes of importance:

Name of operation

X

Date of

X

What test confirmed diagnosis?

X

Was there an autopsy?

No

23. If death was due to external cause (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of Injury

19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

X

Nature of injury

X

24. Was disease or injury in any way related to occupation of deceased?

No

If so, specify

(Signed)

(Address)

G. B. Harmon
Preston, Md.

M. D.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gallstones	May 1, 1923

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

For authorization of date of death see letter filed under

Harrison 8-31-34

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

05854

1. PLACE OF DEATH

County Tearline
Village or City Denton Md.

93-e

Registration Dist. No. 67St. Ward Length of residence in city or town where death occurred 1 yr.No.
(If death occurred in a hospital or institution, give its NAME instead of street and number)
mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.2. FULL NAME Susacuya Young(a) Residence: No. Zear Deuton st.

(Usual place of abode)

Ward.

If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F4. COLOR OR RACE W5. SINGLE, MARRIED, WIDOWED,
OR DIVORCED (write the word)
widow

5a. If married, widowed, or divorced

HUSBAND of
(or) WIFE ofCleas. Young

6. DATE OF BIRTH (month, day, and year)

7. AGE	Years <u>73</u>	Months <u>5</u>	Days <u>12</u>	If LESS than 1 day, _____ hrs. or _____ min.
--------	-----------------	-----------------	----------------	--

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.
at home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town)
(State or country)13. NAME Oliver Slow14. BIRTHPLACE (city or town)
(State or country)15. MAIDEN NAME Rebecca Brueck16. BIRTHPLACE (city or town)
(State or country)17. INFORMANT Clifford H. Eller
(Address)

18. BURIAL, Cremation, or Removal

Burial Stroudsburg Pa. Date June 5th 193419. UNDERTAKER J. T. Deacon
(Address)20. FILED 6-4, 1934 M. D. George
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 7th

(Month)

(Day)

(Year)

22. I HEREBY CERTIFY. That I attended deceased from

June 1, 1934, to June 2, 1934I last saw her alive on June 2, 1934; death is said to have occurred on the date stated above, at 7 P.M. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Gastro-enteritis
apparently dietary in origin

Date of onset

May 30-1934

Other Contributory Causes of importance:

chronic nephritis
arteriosclerosis

1930+

1928+

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?

Date of injury , 19

Where did injury occur?

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

Paul Knott

(Signed)

M. D.

(Address)

Denton Md.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	1915
Chronic interstitial nephritis	1921
Cerebral hemorrhage	July 5, 1927

Other contributory causes of importance:

Gallstones	May 1, 1928

Example II

The principal cause of death and related causes of importance were as follows:

Attack of epilepsy	1 week ago
Run over by street car	1 week ago
Peritonitis	3 days ago

Other contributory causes of importance:

Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
